

System of Care Community Planning Committee
January 24 and 25, 2008
Meeting Minutes

Present: Mary Dalton, Bonnie Adey, Karin Billings, Christy Hill-Larson, Andi Everingham, Michelle Tomaskie, Stephanie Luehr, Tim Lambert, Jim Fitzgerald, Melanie Redman, Eve Franklin, Barb Hogg, Melanie Martin-Dent, Debbie Herrington, Pamela Helms, Connie Weather, Michelle Miller, Mignon Waterman, Christine Good Luck, Ursula Bad Horse, Francis Onstad.

Non committee members: Natalee Bolon, Lily Sobolek, Mary Jane Fox, Roberta Little Light, Betty Namingha, Tim Kober, Jon Flynn, Walt Wagenhals, Cindy Erler, Novelene Martin, Natalee Barnes, Jamie Stolte, Kari Tutwiler and Lorrie Biltoft.

Greetings and Introductions.

Reviewed SOC Books and planning materials.

HRD Report:

- Planning for 2009 biennium
 - Recession means Medicaid and CHIP enrollment will rise
- Instructions from Governor's office for budget planning process
 - Will submit our request to department by April
 - Governor's office will give each agency targets of where budgets need to be
- Several increases in other bureaus of HRD.
 - CHIP has been increased to 175%
 - Estimated 16,000 kids enrolled, have 16,800 now. 150 children in CHIP program are SED
 - Representative bill Jones was able to get funding in CHIP program for extraordinary dental needs.
- Fee for Medicaid mileage has increased from 12 cents to 23 cents per mile. Will increase again to 25 cents/mile in the next few months.

CMHB Report:

Upcoming Planning Meetings:

February 6	MH Info Meeting	Governor's Office
February 9	SOG Meeting	SOC's
February 13	MHOAC Summit	MHOAC
March 4	MH Info Meeting	Gov

March 13	SOC Community	SOC
March 14	SOC Statutory	SOC
March 20, 21	MHOAC	MHOAC
May 15	SOC Joint Meeting	SOC

SOC Development:

- Will be hiring Family Liaison position
- Working with various youth groups around the state to recruit youth representatives.
- Committed to working with communities on Match and helping share the state dollars.
- Having conversation with SAMHSA on annual meeting in July-Nashville
- Evaluation contractor (MACRO international) will be doing their third evaluation in August. Will be working with communities to choose a community to have evaluation in their community.
- Working with Nancy Weikel—Native American liaison. Advising on healing ceremonies and how to fund. Will share this information with KMA's, as well as Ursula and Tina. Has been awarded Best Practice from across the nation from SAMHSA. Have been able to document a large decrease in recidivism.
- Serving on School Readiness project.
- Project Director meeting on Wednesday
- New Initiative – Juvenile Detention Alternative Initiative. Grant won by Youth Justice Council. There will be meetings in Havre, Great Falls and Missoula, will begin in February. Karin will be attending state meeting. Sheryl Burright will be the contact at Board of Crime Control. On web under Law and Justice Interim Committee.
- May 8 is Children's Mental Health Day. All KMAs have taken advantage of that day to connect with communities, addressing Stigma and helping parents to know there are opportunities

Regional Reports:

Request that RM point out what is going best and what is a challenge:

Region I:

- Meet when kids are referred
- Very active parent involvement in meetings, meet when convenient for parent
- Youth invited
- Only people parents want are invited to the meeting.
- Challenges are Respite and services for youth

Region II:

Challenges in Great Falls:

- Hard time getting partnership from Child and Family Services
- Group meet when staffing is needed
- Has a great deal of positive community support and commitment
- Very committed attendees

Bear Paw KMA:

- Difficulties with school district
- Director of special services is getting involved with KMA and trying to get school district more involved
- Invited to Rocky Boy to give a presentation

Region III:

- Community team meetings
- Aligning what is trying to be accomplished on child specific side with scope and scale of grant
- Attempting to focus on SAMHSA specific performance requirements
- Individual treatment plans that have enhanced parent participation
- Ronnie Whitaker has been to Billings several times to introduce PRTF grant and services. PRTF manager will also work with KMA to blend KMA and PRTF

Yellowstone KMA:

- Priorities for third year are diversifying referral base. Would like referrals from other providers, schools and Juvenile Justice
- Hope to use reallocated funds toward care management for families that are not Medicaid eligible and don't have a case manager.
- Glad to have guidelines on financial issues

Apsaalooke Children's Mental Health:

- Healing to Wellness is a strength on the reservation
- Tapping into substance abuse and the Juvenile Court System
- Transportation for clients is a challenge, staff are not insured to transport
- Difficult for families and youth to get together, need to set up different more convenient times to bring all parties together
- PLUK has been an advocate and a lot of help
- Church and other community members helped with donations for client families for Christmas

Helena KMA:

- Pamela and Debbie have been attending school and juvenile justice meetings
- Have been making contacts with parents; have been receiving inquiries about KMA
- Working with partners, but still working on getting agencies, etc. on board to meet family needs.
- Working with PLUK Helena Board, combining resources with them for parent support groups in evenings.
- KMA evening meeting for parents that are not able to meet with day time KMA meeting
- Tri-County--includes Broadwater and Jefferson county. Are attending Social Service Committee Meeting in Townsend.

SilverBow KMA:

- Working on membership attempting to diversify membership.
- Extensive community education
- Working on procedure and protocol for staffing
- Three to four parents attending, school district becoming more involved
- Staffing three to four kids per month
- Met with Youth Court, may have match fund opportunities there
- Have written community grants

Blackfeet:

- Challenge of not many services available
- Challenge of finding a facility, not part of Indian Health Services
- Office is with Juvenile Justice Planning
- Have a planning team with youth for coordinating with agencies. Have 15 planners as well as youth that has been in the state system.
- Have been contacting colleges to recruit people for training
- Program is based on culture, what services can be offered—what is available. Hired Blackfeet language specialist that developed Blackfeet language learning program for families available to them on CD.
- Remodeled a therapeutic ranch for ceremonies, brought in elders as mentors—have been training since October
- Developing culture services, will be accessing LeapFrog for children to learn at all ages, educator will be available. Vans for transportation, substance abuse day treatment for adolescents.
- Hired parent coordinator

Region V:

- Challenge in Region V and non-funded sites is to find funding. Have applied for grants (BOCC), attempting to find flexible funding for KMAs
- Challenge for kids in parental custody that are stepping down from RTC with SSP funding. There is a four month cut off with no extension for services. Group homes are not looking at taking these kids. Have been able to access HB98 to assist in a couple of cases.
- Capacity building in Region V. Some through KMA, have staffed some very complex kids. Providers have come to the table to help staff difficult kids.
- Have been having trainings for providers and parents for cooperating and addressing issues at meetings

Federation of Families Conference:

- Strength based survey for parents before ICEP meetings, will be adapting this for local KMAs and using when visiting with families. Addresses individual and family needs.
- Overcoming barriers for children's mental health—training providers, schools, police, etc. for dealing with SED children and families. Train parents--guidelines as to when and where to call police. Identify gaps in services and develop strategies to overcome.
- Attended workshops on resiliency
- Youth attended and testified as to how this information assisted them
- Developing individual islands of competency, main focus is to assume that kids with SED have the ability to develop these islands (sports, art, extra curricular activities)
- Research and Training Center from Portland
- Training parents and children to be better advocates for themselves.
- Self Assessment Quiz
- Community that pooled time and resources to build a "one-stop-shop" for people involved in Juvenile Justice mental health.

Evaluation:

- First quarterly report that will have data information for 2007. Will begin with a descriptive report of who has been served.
- Challenges most fourth year sites have involved 100 people in longitudinal study, we've enrolled 17. Enrollment has become an issue.

Training/Communications:

- Formalized training on wrap around coming up. Looking to have Carolyn Nava come to Montana for training.
- Five month radio/TV public information ads, has been confirmed by fiscal an in-kind match of over \$607K. Good response from people that have heard these messages
- Next target is for core messages to engage youth

Jim Fitzgerald:

MHOAC Planning Summit: February 13

1. Council has historically addressed adult issues. One purpose of summit is to bring together adult and child mental health concerns
 2. Funding process—funding is either through budget from departments or allocated by legislature.
- Purpose of summit is to pull together a list from CMH, KMAs, Probation, OPI, CFSD, Attorneys, LAC to be at the table—invitation only—try to come together, build consensus around mental health funding needs and dovetail with departments EPP process.
 - Goal is to maximize consensus among all stake holders and departments for funding possibilities.
 - Invitations were sent out and attendees were asked to prioritize five funding/policy issues.
 - Need representation of families, as well as parents that are interested in serving on the MHOAC council.

Discussion of recommendations from Fourth Year Site Review.

Public Comment:

Mary Jane Fox:

Need help in collaboration LAC – Local Advisory Councils. Would like to develop policy and initiatives for child and parent mental health needs. Emphasizing co-occurring capable programs. Also, have a Billings CPO position open.

Natalie Bolon: Suggested looking at shelters for children that may need help. Not all shelters know about KMAs.

Private Workgroups:

Standardization:

- What's standardized now?
- CMHB has process and ability to change rules

- KMA statutes have guidelines as to who is involved—family driven, etc.
- Have an evaluation
- Expenditure guidelines
- Key roles in job descriptions and functions
- KMA reflects the community capacity—culture, services available, etc.
- KMAs are HIPAA compliant

What should be standardized?

- Integration of multi-agencies at highest levels for funding
- Developing relationships and working toward that
- State level driving commitment all the way down
- KMA and SOC values and principals—what is best for kid and not budget
- Ensuring communication channels
- Distribute SOC guidelines and statutes to agencies in communities
- Data base reporting
- Process for accessing funds for HB98
- Length of eligibility for funding—is four months adequate?
- Principals of individualized care plans
- Improving strength based assessment forms and still keep flexibility at community level

Evaluation:

- How do we increase the number of kids in services and the evaluation?
- Early intervention, contacting early childhood services, Part C, physical health, child care facilities, school counselors for referrals

How to get them into evaluation?

- Marketing issue—parent coordinators are doing great job of selling evaluation—chance for voice to be heard, empowerment.
- What do we want to sustain?
- What do families like?
- What didn't they like?
- What should continue?
- Quality assurance issues.
- Infiltrate Medicaid and other public system to require them to use the data base.

- More family friendly ways of conducting surveys—child completing survey by self on computer.
- Integrating data collecting into service provision.

Anti-Stigma,

- What are our messages?
- Children and teens involved in mental health
- Inform and encourage people to seek services, know who we are
- Recovery is possible

Are they the right messages?

- Trying to create one message from families to families, parent approved to that explain who we are, what we do, recovery is possible, who to contact. Example: "Your child's mental health, Family partnerships, One team, one plan. Contact your local KMA at ..."
- Youth to Youth messages will be developed next.
- How do we outreach to parents in an effective, welcoming manner?

How will Montana grow a system of care?

- How do we take to other sites both funded and non.
- Educating what SOC is
- Sharing what is working
- Training – at community
- Acknowledge what sites are doing-both funded and non.
- Shift to wrap around philosophy
- Local/regional funding control
- Wrap around in current Medicaid system? Rules, rate structure, parent participation.
- Parent participation in policy/service changes in the system
- Educate parents, what is out there, advocating, newsletters
- Information available at school readiness and child find

Core components of system that we want to keep:

- Wrap round services for family by family
- Statute and guideline fidelity of KMA community team—keep agencies at the table
- Sustain local KMA's with minimal coordination funding--minimal flexible funds or block grant
- Parent coordinators at state and local levels—train and empower parents because we are a family driven system
- Parent involvement in policy committees and CMHB
- Evaluator on-board

- Needed to sustain:
- Peer to peer support – Minimally as parent coordinator both in communities and state level
- Support for non-Medicaid families

How do we build a family driven system of care?

- Give parents a voice, includes prepping them to expect
- Give them tools to advocate
- What do parents need? Give them responses that they may need to satisfy immediate needs.
- Validated their input
- Follow up with real help
- Explore options
- Build consensus as a team
- Anticipate planning for bumps in the road, resistance for unsuspected, emergency and changing needs, etc.
- No matter what age of kids, plan for transition planning
- Authentic and consistent commitment to family driven system of care, listen to input all the way through
- Network of support for each family

For youth

- Listen validate, respect voice and experience
- Be heard, but also hear others and compromise, have cooling off and then come to consensus
- Building trust in process
- Welcoming environment
- Respond immediately to immediate needs

What infrastructure and support is needed to sustain the system of care?

- Level of initial grants available to provide for administrative support
- Administrative coordinator
- What to put in place for children who don't have a payment source for case management?
- When the team has creative plan but no funding
- What creative options are available?
- Respite, funding or availability of provider
- Not enough therapists for some regional areas
- KMAs trying to integrate at local level but not at state level
- Pool of money with special needs and multi-agency bureau to handle funding
- Criteria on how money will be spent

- Must produce outcomes
- Early intervention
- Easier to pull expertise and resources from the top versus the bottom
- Mechanism to refer up to regional officers
- Parent coordinator important on community level
- Availability of array of services
- Need in state placements
- Need to de-stigmatize
- Children's services don't have the funding as adult services for flexible funding
- Services for non-Medicaid children—meet diagnostic criteria in a slot regardless of family income.
- Washington family resource model—consortium of health department nurse, home health, etc. Pool of funding from different agencies that could deal with walk-in families.
- Need good ways for transitions plans for children to return to communities.

Friday, January 25, 2008

Present: Bonnie Adee, Andi Everingham, Michelle Tomaskie, Stephanie Luehr, Tim Lambert, Melanie Redman, Eve Franklin, Barb Hogg, Melanie Martin-Dent, Debbie Herrington, Pamela Helms, Connie Weatheren, Michelle Miller, Mignon Waterman, Tina Cline, Francis Onstad.

Non committee members: Lili Sobolek, Betty Namingha, Walt Wagenhals, Cindy Erler, Novelene Martin, Jamie Stolte, Kari Tutwiler and Lorrie Biltoft.

Group has agreed to come together two more times this Spring to continue this work. Opportunity for questions and requests of other partners, agency representatives at state and local levels. Need to think about how to structure conversation in May when we will be meeting with Statutory Committee. Are there other folks that we want to have a discussion about how SOC needs to look, how we want to interact with providers? This discussion will happen in September.

To be completed or discussed on March 13:

- Hire state level Key Family Partner
- Identify at least two youth representatives to Community Planning Committee

- Present Year 4 System of Care budget and projection for Year 5
- Evaluation participation update
- Social Marketing plan update
- Regional/KMA update (successes and challenges)
- CMHB strategic thinking
- List of items promised in Cooperative Agreement still to be implemented/addressed
- Report on wrap around training and next steps
- Plan for family advocacy training (FSN)
- Database implementation update
- Develop draft of proposed rules for System of Care fund (HB98)
- Agenda items for joint Planning Committee meeting on May 15
- Identify legislation needed to support system of care initiatives

Goal:

Reports

- Project staff report on KMA information, regional staff fill in.
- Keep reports brief - to one page – sent out to committee prior to meetings
- Statutory Committee would also like the reports
- Would like to know numbers of who are served, but would like more specifically what are problems in each region (not getting parents to table, agencies to table, etc.) What we did, what worked well, what we tried to do, etc.
- Short narrative of a couple of examples of how things were handled for kids that were helped, success because of flexible funding, came up with a unique solution, frustrated because can't solve a problem or come up with funding.
- Report focusing on principals of wrap around, identify successes and struggles then can give feedback to committee on wrap around.

CMHB Planning Meeting:

Two day planning meeting in February.

Will have a report and plans at the March meeting.

Where are we in wrap around training?

- Have identified trainer – Carolyn Nava – recommended by Stephanie Bryant at SAMHSA
- Will have a follow up conversation with this person next week.
- Tentatively scheduled first week of March, Kari will check on other potential openings that she might have.

- PRTF is also trying to bring in wrap around training for the Billings area.
- First round will be training of trainers-immersion training—very intensive, full week long.
- Will be opened to others, funded and non-funded.